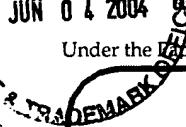


JUN 04 2004



Approved for use through 04/30/2003. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/965,672
		Filing Date	September 26, 2001
		First Named Inventor	Steven M. Ziola
		Group Art Unit	2856
		Examiner Name	John E. Chapman, Jr.
Total Number of Pages in This Submission		Attorney Docket Number	08-000410US

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Declaration of William J. Miller Pursuant to 37 CFR 1.48(a)	<input type="checkbox"/> After Allowance Communication to Group	
<input checked="" type="checkbox"/> Issue Fee Transmittal	<input checked="" type="checkbox"/> Consent of Assignee to add inventor	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input type="checkbox"/> Amendment / Response	<input checked="" type="checkbox"/> Copy of declaration of inventorship by William Miller	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input checked="" type="checkbox"/> Petition to Change Inventorship Pursuant to 37 CFR 1.48 (a)	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fee address indication form and receipt acknowledgment postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			
<b>Authorization to Charge Deposit Account</b> Please charge Deposit Account No. 50-0893 for any additional fees associated with this paper or during the pendency of this application, including any extensions of time for consideration of the documents enclosed.			
<input type="text"/> Remarks			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jonathan Alan Quine, Reg. No. 41,261, Quine Intellectual Property Law Group, P.C.
Signature	
Date	June 2, 2004

## CERTIFICATE OF MAILING

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Typed or printed name	Juliana Hermes		
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**Fee Transmittal**  
for FY 2004  
JUN 04 2004  
Effective 10/01/2003. Patent fees are subject to annual revision.  
 Applicant claims small entity status. See 37 CFR 1.27  
**TOTAL AMOUNT OF PAYMENT** (\$)  
**1095.00**

<i>Complete if Known</i>	
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<b>METHOD OF PAYMENT</b> (check all that apply)		<b>FEE CALCULATION</b> (continued)																																																																																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 50-0893 Deposit Account Name Quine Intellectual Property Law Group, P.C.		<b>3. ADDITIONAL FEES</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> </tr> <tr> <td>Fee Description</td> <td>Fee Description</td> </tr> <tr> <td>Fee Paid</td> <td></td> </tr> </tbody> </table> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Description	Fee Paid																																																																																																																					
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<b>SUBMITTED BY</b>		(Complete if applicable)		
Name (Print/Type)	Jonathan Alan Quine	Registration No. (Attorney/Agent)	41,261	Telephone
Signature	<i>Jonathan Alan Quine</i>	Date	June 2, 2004	

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